



City of Houston Pay or Play (POP) Program Employee Waiver Request

POP-8

Contractor Name: _____ () Contractor () Sub-Contractor. Vendor No.: _____

Contract # & Description: _____ Contracting Dept _____

We, hereby submit POP program waiver request for the following employee. The employee was offered health benefits as per POP policy and extended all reasonable help to make him/her understand advantages of having health benefits. However, after due consideration the subject employee elected not to accept the offer with his/her own free will without any coercion. The notarized affidavit of the employee is appended below for your consideration.

Contractor Representative & Title

Signature & Date

EMPLOYEE AFFIDAVIT

I, _____, hereby request exemption from City of Houston's Pay or Play policy due to following: *(Check the appropriate box.)*

- I am less than 18 years old.
- I have other health coverage (e.g. through spouse/parents)
- I have my coverage through Medicare/Medicaid (proof will be required)
- I declined the coverage because _____

The cost of health benefits offered to me was:

1. My Contribution (Employee) \$ _____ per pay check (biweekly) OR per month (please check the appropriate period).
2. Employer's Contribution (Contractor) \$ _____ per pay check (biweekly) OR per month (please check the appropriate period)

Employee Signature

Employee Name

Note: If you need more information, please call Office of Business Opportunity of City of Houston at 713-837-9028

NOTARY PUBLIC

The State of Texas, County of _____

Before me, a Notary Public, on this day personally appeared _____, known to me (or proved to me on the oath of _____), to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this _____ day of _____, A.D. 20__.

Notary Public, State of Texas or _____
(Your State)

My commission expires the _____ day of _____ 20__

Contracting Department Recommendation: Approve [] Disapprove [] POP Liaison Sign: _____

City of Houston – Office of Business Opportunity: ACTION: [] Approved [] Disapproved

Signature: _____ Print Name: _____ Date: _____

Important: Please note that this employee exemption is based on good faith. If the above information is found to be incorrect or submitted coercively, the exemption will be cancelled retroactively and will be null and void. In addition, the contractor will have to pay the amounts due towards POP as determined by Office of Business Opportunity of City of Houston.